State of California - California Health and Human Services Agency
Development

Office of Statewide Health Planning and

CALIFORNIA CABG OUTCOMES REPORTING PROGRAM

(Last Revised 11/04)

Healthcare Quality and Analysis Division
818 K Street, Room 200
Sacramento, California 95814
(916) 322-9700 FAX (916) 322-9718

Hospital CEO Designee Form

I, _____, certify that I am the
(Print: Name of CEO or ADMINISTRATOR)

CEO/ADMINISTRATOR of _____
(Print: Name of Hospital)

_____
(Print: OSHPD Facility ID No.)

The following person(s) is authorized to sign, on my behalf, the CCORP Hospital Certification Form (OSH-CCORP 416).

Designee Name	Designee Title	Designee Signature

CEO/Administrator Name: _____

CEO/Administrator Signature: _____

Date signed: _____

RETURN THIS FORM BY FAX TO:

Denise King, CABG Program Data Manager
Phone: 916-322-9138
Fax: 916-322-9718